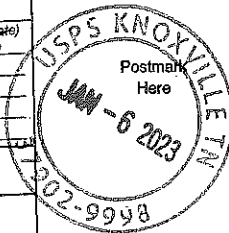


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ **4.00**
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ **3.25**
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
 Postage \$ **1.68**
 Total Postage and Fees \$ **8.93**

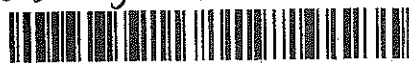


Sent To **US AG**
 Street and Apt. No., or PO Box No. **950 Pennsylvania Ave, NW**
 City, State, ZIP+4® **Washington, DC 20530-0001**
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**US Attorney General
 US Dept of Justice
 Attn: Civil Process Clerk
 950 Pennsylvania Ave, NW
 Washington, DC 20530-0001**



9590 9402 7103 1251 0595 43

2. Article Number (Transfer from service label)
7022 0410 0003 4027 6596

PS Form 3811, July 2020 PSN 7531 000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X *[Signature]*
 B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

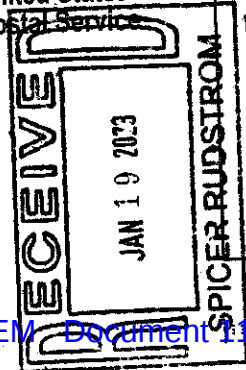
USPS TRACKING#



9590 9402 7103 1251 0595 43

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United States
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